

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr. G		9/20/00
O.I.P.E. CLASSIFIER		12	9/26
FORMALITY REVIEW	W	6494	11/13/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/11/00	
2	✓	11/11/00	
3	✓	11/11/00	
4	✓	11/11/00	
5	✓	11/11/00	
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49	✓	11/11/00	
50	✓	11/11/00	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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